



Global Matters

The newsletter of the Office of Global Health

Volume 27, Spring 2014

Spring 2014 Global Health Lecture Series



12:00 Noon CT
ACB 120

- Wednesday, February 5
Ambassador Tibor P. Nagy
[State of the World 2014: Predictions and Reflections](#)
- Wednesday, February 19
Clyde Martin, Ph.D.
[Global Food Security & Feed the Future](#)
- Wednesday, March 5
Kanika Monga, PLFSOM
Voice for the Deprived
- Wednesday, April 2
Breedlove Foods, Inc.
Bringing Life Saving Food to Those in Need
- Wednesday, April 16
Robert Mamluk, MD
The Birth of the International Medical Relief Corps
- Wednesday, May 2
Greg Miller, MD
Physicians Aiding Physicians Abroad
- Wednesday, May 7
Afzal Siddiqui, PhD
Vaccine Discovery, Development, and Testing for Schistosomiasis

Presentations with hyperlinks were recorded and can be viewed on the [OGH website](#) or checked out from the [OGH library](#).

Study Abroad or Bust

By Karee Welker, School of Medicine, Class of 2014

Fellow medical students, imagine this: You wake up to the sun peaking through the window and the sound of chickens announcing the start of the day. You roll over and look at your watch. It is 5:58 AM, only two minutes before your alarm will go off. You decide to take the opportunity to beat the other residents of your boarding house to the shower. As you gather your things, one of your three room-mates pulls her pillow over her head, clearly not as ready to get the day started as you are. After your shower, you pull on your short-sleeved white coat and matching white pants, grab your helmet and head for your motorbike. By now, the city streets are swarming with motorbikes. You are one of the few who is riding her motorbike solo. Most others are weighted down with extra passengers, groceries, pet dogs, etc... You start your bike and without even looking for a gap in the flow of oncoming traffic, you pull out into the street. The swarm of other motorbikes makes way for you and within seconds you are enveloped by the mob and well on your way to the hospital. You stay focused on the road, dodging potholes, debris, and slower traffic, trying to push the thoughts of your trauma rotation out of your mind. Motorbike accidents are the number one cause of injury and death in your country and you are determined not to be a part of that statistic.



You can tell that the hospital is just ahead because traffic slows due to the large amount of people trying to enter the hospital gate. There are vendors just outside the gate selling breakfast, coffee, balloons, and stuffed animals. You snake your motorbike through the multitude and get past the gate. You see hundreds of moms and dads carrying sick children, waiting to be ushered into the urgent care to be seen by doctors. You pass people everywhere. They occupy every seat in the hospital courtyard and have set up hammocks in every nook and cranny. People who can't find a seat keep meandering with child in arm until they can claim their own piece of shade. The parents faithfully use old newspapers to fan their feverish children. Some babies are inconsolable and others sleep contently in swinging hammocks. The smell of excrement and sweat is astounding and you know that if you don't find yourself some shade you will soon add to the stench. You finally find a place to park your bike and make your way to the second floor of the hospital.



This week you have been assigned to the measles room. Twenty of your 400 classmates are assigned to this room with you. You walk into the room and find many of your peers

already at work examining patients, sharing joint stethoscopes that they pitched in together to buy. The room is no bigger than an average-sized bedroom. There is barely enough room for six twin-sized beds to fit, with a small aisle in the middle to walk through. Each bed is occupied by at least two children and two mothers. You are thankful it is a slow week for measles and that each bed isn't at its full capacity of four children per bed. You find your patient in the back corner of the room. He is a two year old boy. You talk to his mother and she says that he seems to be doing better. He is tolerating the vitamin A well and his rash is mostly scabbed over. His eyes are still red and teary. The white spots in his mouth have subsided. Despite the overall improvement, the kiddo still looks very uncomfortable. Mom says he didn't sleep very well and has been scratching all over. Upon closer look, you identify a new rash developing beneath the healing measles rash. It is classic dermatitis, a consequence of the filthy mattress the child has been laying on. You tell the mother that getting a sheet or a blanket to cover the mattress would solve the problem, but the mother explains that she spent all of their money to get to the hospital. They live 40km away and barely

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Available from the OGH Library

The following resources are available for check-out:

Book

The American Way of Poverty

By Sasha Abramsky

The American Way of Poverty shines a light on the poverty in the U.S. Sasha Abramsky brings the effects of economic inequality out of the shadows and, ultimately, suggests ways for moving toward a fairer and more equitable social contract. Exploring everything from housing policy to wage protections and affordable higher education, Abramsky lays out a panoramic blueprint for a reinvigorated political process that, in turn, will pave the way for a renewed War on Poverty.

Movie

Rebel: Loreta Velazquez, Secret Soldier of the American Civil War

In 1861, at the outbreak of the American Civil War, a teenager from New Orleans headed to the front lines. Under the alias Harry T. Buford, he fought at First Bull Run, was wounded at Shiloh, and served as a Confederate spy. By 1863, Buford was working for the Union. But Buford harbored a secret...he was really Loreta Velazquez, a Cuban immigrant from New Orleans. Velazquez scandalized America when she revealed her story in her 1876 memoir, *The Woman in Battle*. Attacked not only for her criticism of war, but her sexuality and social rule-breaking, Velazquez was dismissed as a hoax for 150 years. *Rebel* is a detective story about a woman, a myth, and the politics of national memory.

For more information about the resources available from the OGH library, visit our [website](#).

International Medicine Club Column

Mental Health in the Developing World

By Mart Hoes, School of Medicine, Class of 2016

Providing and expanding health care in the developing world presents a host of challenges, especially when the wounds needing treatment are invisible. Of the world's 450 million people struggling with a mental disorder, 75% live in developing nations, and about 80% of those receive no treatment at all. People with mental illness are more likely to suffer from physical illness and live in debilitating poverty than the general population. The World Health Organization (WHO) acknowledges that we are "facing a global human rights emergency in mental health," but what can be done to improve care for a patient population that is so often ignored?

One primary difficulty in providing mental health care in the developing world is the need for stability, which is often lacking. Conflict, natural disaster, and other extreme stressors are risk factors for mental health problems, yet these populations often lack the infrastructure and continuity necessary for appropriate treatment. Even in relatively stable communities, few local health workers are properly trained to accommodate mentally ill patients, and trained aid workers are often a transient presence.

Another major limitation of providing mental

health care is marketability to supporters of aid organizations and foreign governments. Many see mental health as a small issue compared to the other health problems many developing nations face (i.e., malaria, HIV/AIDS, tuberculosis), but this attitude fails to acknowledge the connection between mental and physical health. The WHO lists mental/neurological disorder as the leading cause of illness worldwide. Without mental health treatment, physical illness is often inevitable.

Supporters of aid organizations also cite cost as a factor to implementing mental health treatment systems, but this is often based on Western models of mental health care. In developing nations, an integrated approach involving a higher proportion of non-specialist health workers may be more appropriate, and would almost certainly reduce costs. Additionally, treating mental disorders may lower other health care costs by preventing the progression of mental and physical illness.

One of the greatest barriers to mental health treatment is the cultural stigma attached to mental illness in much of the developing world. Many cultures view psychiatric problems in a spiritual light, or see mental illness as just the extremes of normal emotions. Mentally ill individuals are often blamed for their symptoms, which can lead to marginalization and even

abuse. Without community education, many cultures may remain blind to the realities of mental illness.

Another serious challenge in establishing mental health treatment systems is making sure a legal framework is in place to protect mentally ill patients. Without legal protection, patients are at risk for exposure, isolation, abuse, and denial of basic rights. Many currently live in poverty, while others are placed in local jails, poorly maintained psychiatric hospitals, or even cages, with little hope of treatment. Legislation may not eliminate these human rights violations, but it can help turn the tide and provide redress when violations occur.

Both public and private organizations can work with the governments of developing nations to implement legal systems. The WHO developed a collection of resources for governments wishing to change or create mental health law and policies, and compiled these resources into an online platform (MiNDbank) at the end of last year. MiNDbank is part of an initiative called the Mental Health Action Plan 2013-2020 which seeks to change attitudes, develop policies, and promote services to combat the long-ignored problems of mental

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International Medicine Club Column cont.

illness in the developing world. But these initiatives are nothing more than a document without the support of local governments and aid organizations. These groups are essential in bringing the WHO's goals to life and implementing sustainable systems that embrace them.

At a community level, health workers, traditional healers, ministers, law enforcement officers, and teachers can receive training to deal more effectively and compassionately with mentally ill members of their communities. Working with existing structures is often efficient and cost-effective, and can also add to patient comfort.

But perhaps the most important shift that must occur before mental health treatment can become widely available is a change in the mindset of developing nations toward mental illness. Communities need to expand their awareness of the reality of mental illness and the hope that is available with treatment. Individuals with mental illnesses need to learn their rights, gain information about their disorders, and understand what treatments may be available. Any treatment program must include patients' families, as their attitudes and support (or lack thereof) often have drastic effects on treatment success.

Ultimately, communities, governments, and aid organizations must work together to build a system that helps people with mental illness, because there is no health without mental health.

Sources:
[World Health Organization: Mental Health Action Plan 2013-2020](#)

Mark Your Calendar for the Global Perspectives Film Series



You're invited to join the Office of Global Health as we host a screening of one of the many films from our library.

12:00 Noon
 CST
 ACB 240

- Thursday June 5
- Thursday July 10
- Thursday August 7

Attendees are welcome to bring their own lunch.

Free snacks will be provided!



Country Close-up*

*every issue OGH will select another country to feature

The Kingdom of Bahrain

A small island country situated near the western shores of the Persian Gulf, Bahrain lies east of Saudi Arabia and south of Iran. Bahrain has a population of 1,314,089 with immigrants making up almost 55% of the total population.

The majority of the population is Muslim. Their Islamic ideals and beliefs provide the foundation of the country's customs, laws, and practices. Arabic is the official language; however, due to the large expatriate community, Eng-

lish, Farsi, and Urdu are also spoken.

Bahrain's economy depends heavily on petroleum production and refining, which account for more than



60% of export receipts, 70% of government revenues, and 11% of the GDP. Aluminum is Bahrain's second biggest export after oil. In

2006, Bahrain implemented a Free Trade Agreement (FTA) with the US, the first such agreement between the US and a Gulf

state. The FTA is part of Bahrain's plan to diversify its economy. As of April 9, 2014, 1.00 Bahraini Dinar (BHD) is equal to \$2.65 USD.

According to the CIA's World Factbook, the life expectancy at birth for males is seventy-six years, while for females it is eighty years.

The World Health Organization (WHO) reports the leading causes of death to be diabetes mellitus, hypertension, coronary heart disease, stroke, and road traffic accidents.



When in... Japan

- Punctuality is essential. Show up on time and you will rarely, if ever, be kept waiting.
- Japanese people often shake hands, knowing it is what you are used to, but it is polite to adopt their custom of bowing, which expresses both respect and humility.
- When bowing to someone of higher status, you should bow slightly lower than that person.
- Do not use first names until invited, and don't embarrass others by asking them to call you by your first name until you have met a few times.
- Present your business card with both hands. When someone gives you theirs, spend a moment reading it carefully before placing it in a card case. Don't just stuff it in your pocket unread, and don't write on it.
- Age equates to high status, so show respect for the elderly.
- Japanese people are so polite that they apologize frequently, even when an apology seems unnecessary. *Sumimasen* means "I'm sorry."
- After being seated in a restaurant, you'll be presented with a wet towel called an *oshibori* (hot in the winter or refreshingly cool in the summer) for wiping your hands.

Office of Global Health—El Paso

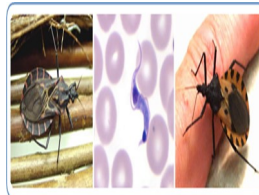
By Alma Aranda, Unit Coordinator, Office of Global Health—El Paso

The Regional Office of Global Health at TTUHSC at El Paso kicked off its Global Health Lecture Series on Wednesday, April 23, 2014.

The lectures, hosted in collaboration with the Office of Diversity Affairs and the Continuing Medical Education Office, are designated as part of the Dean's Diversity and Global Health Seminar Series. The TTUHSC at El Paso community is invited to attend the ongoing series that will highlight issues related to global health and building healthy communities. Opportunities for AMA PRA Category 1 Credit™ will be provided on various topics pertinent to today's health care provider. Global Health education is both a responsibility and an opportunity for the TTUHSC at El Paso campus.

April's

lecture will correspond with World Immunization Awareness and the World



Health Day's focus on vector-borne diseases. Dr. Igor Almeida, the invited guest speaker, is a biologist and professor from the University of Texas at El Paso (UTEP) working to develop a vaccine against Chagas Disease. Dr. Almeida will discuss the history and main characteristics of the disease, current efforts to stop human transmission, and his research on

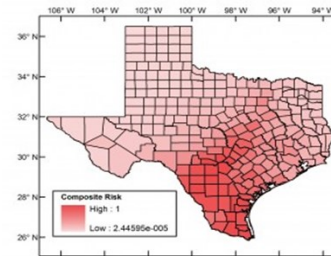
the development of the vaccine.

Chagas Disease is a health risk to border regions like Texas and other parts of the country; it is no longer a disease that only plagues

Latin American countries. Chagas Disease, or American trypanosomiasis, is a parasitic disease caused by *Trypanosoma cruzi* which is transmitted mainly by the blood-sucking insect known as the "assassin bug" or "kissing bug." The disease is endemic throughout Latin America, though cases have also been reported in Europe, the U.S., and Japan. The World Health Organization (WHO) estimates that there are eight to ten million cases worldwide and that the disease kills at least 10,000 to 12,000 people each year, making it the largest parasitic killer in the Americas. Due to population and migration trends,

Chagas Disease can now be found in many areas within the United States, especially in border states such as Texas. In the United States, Chagas Disease is considered one of the Neglected Parasitic Infections, a group of five parasitic diseases that have been targeted by the Center for Disease Control and Prevention (CDC) for public health action.

In the early stage of Chagas Disease, symptoms are



typically either not present or mild, and may include fever, swollen lymph nodes, head-

aches, and swelling at the site of the bite. Most individuals who enter the chronic phase of the disease never produce further symptoms (60-70%). The remaining 30-40% may develop complications, the most alarming being myocarditis and esophageal chaliasia or megacolon. Pregnant mothers with Chagas Disease can transmit *Trypanosoma cruzi* to the fetus, who often becomes a carrier of the infection and is at risk of developing severe cardiac disease later in life.

Diseases like Chagas Disease are becoming more prevalent in the U.S., emphasizing an urgent need for awareness and understanding of global health issues.

The Global Health Lecture Series will provide an exciting opportunity to learn about health-related issues from internationally distinguished speakers, such as Dr. Almeida.

Dollar-A-Day: A Poverty Awareness Event



When in... Japan Cont.

- Use the thick end of your chopsticks to help yourself from the many communal dishes on the table. It is polite to try a little of everything.
- Don't pour your own drink. Wait for others to give you a refill, and return the gesture.
- When talking about yourself, point to your nose, not your chest.
- Remove your shoes and wear the slippers provided when entering a Japanese home.
- It is impolite to blow your nose in public, and using a handkerchief rather than a disposable tissue is considered unsanitary.
- Smiling is often used to disguise negative emotions, such as embarrassment or disapproval. Head scratching is often used in the same way.
- Gift-giving is integral to Japanese culture, especially in business. Present and receive gifts with both hands. If you are giving to an individual, do so in private so you don't make anyone else feel left out.
- It is customary to play down the importance of the gift as you present it by saying it is *tsumaranai mon* (boring, nothing special).
- Tipping is rare in Japan, and a service charge is added to restaurant bills.

Taken from ***Behave Yourself!*** By Michael Powell

International Flavor



Samosas

recipe provided by Nyaradzo Dzvoza, PhD student in Immunology and Infectious Diseases

Ingredients for filling:

- 0.5—1 lb. minced meat
- 1 onion
- 1 tsp. garlic
- 1 tsp. chili
- 1 tsp. turmeric
- 1 tsp. coriander
- Vegetable oil (enough to cover the pan)
- Salt & pepper to taste

Instructions for filling:

- Heat the oil in a frying pan.
- Add onions, garlic and remaining seasonings.
- Fry until soft.
- Add minced meat.
- Stir until cooked

Ingredients for Pastry:

- 2 cups plain flour
- Pinch of salt
- Warm water
- 2 tbsp. vegetable oil

Instructions for pastry:

- Mix flour and salt into bowl.
- Make a well into the center.
- Add oil and enough water to make firm dough.
- Knead the dough on a floured surface until smooth.
- Roll into a ball.
- Cover in a plastic wrap and set aside at room temperature for 30 minutes.
- Divide dough into equal pieces and flatten into 4 inch circles.
- Cut pastry into triangles.
- Fill with mixture and fold into a smaller triangle.
- Use a fork to press and design the edges while sealing the samosa.
- Fry until golden brown.
- Turn and do the same for the other side.

Study Abroad or Bust cont.

have enough money to buy food. The family sharing the bed is in a similar situation and likewise can't afford a sheet. You affirm the mother's decision to bring her child to the hospital and assure her that this new rash is not something to worry about.

Your other assigned patient is also a two year old boy, but you would not know that by looking at him. He is no bigger than a 6 month old child, he cannot walk or sit up on his own, and he only knows a handful of words. His diagnosis is measles and

severe malnutrition. You flip through the chart and see that the reason this child is not growing is still a mystery. His mother is healthy, and you can see that this child does not lack food or attention. There must be some underlying disorder. You brainstorm the options again. Could it be a heart malformation or a kidney problem? Could he lack an important metabolic enzyme? The basic tests the hospital can perform have not turned up any findings. You smile and look hopeful for the mother as you examine the patient, but deep down you know that with measles atop the underlying problem, things are not faring well for this child.

You look up to find your classmates filing out of the room. The doctor must have arrived and it is time for rounds. You get up and follow your peers. The doctor enters

the room and starts examining the children one by one. You got lucky today. You are one of the few students in the room to hear the interaction between doctor and patient. Fifteen of your other classmates were not as lucky. They are crammed just outside the doorway trying to listen in.

When the doctor gets to your first patient he chastises the mother for not having a sheet to cover the mattress. She does not speak but looks away in shame. Your chest tightens. He moves on to the next patient. Within 30 minutes all of the patients have been seen and the doctor disappears to fulfill his other duties.

You have a few hours to spare before lectures start in the afternoon. You decide to go to the coffee shop next door to practice your English. You keep reminding yourself that the key to a better future is not just being able to practice medicine, but also being able to speak English. This will increase your employment opportunities and help you stay up-to-date on advances in medicine since very little medical literature is available in your native language.

I was one of the lucky TTUHSC medical students to participate in an away rotation at Can Tho University of Medicine and Pharmacy in Vietnam. The above is what I observed to be a typical morn-

ing for a medical student in Can Tho. I was greatly impacted by my experiences there, and I have become an advocate for medical students participating in global health opportunities. There are many benefits to participating in such a trip:

- Experiencing a different culture
- Traveling to a foreign country
- Observing a different healthcare system
- Forging friendships with medical students and young doctors of a different country
- Seeing diseases that you have only every read about in textbooks
- Learning to appreciate the educational and professional opportunities available to you
- Remembering that your education can be used to do great good in a world of need
- Recommitting to the pursuit of knowledge and increasing your skill level
As medical school

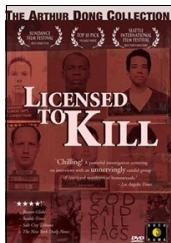
comes to a close for me and residency quickly approaches, I am so thankful for the opportunity I had to go to Vietnam for an away elective. I learned so much and returned a different person. Seeing poverty and great need tends to have this effect. I have a renewed motivation for gaining new skills and knowledge. I feel rejuvenated after the long journey of medical school and I am ready to tackle the next hurdle. I hope that many students after me will pursue global health opportunities and I encourage others to do the same.



Licensed to Kill

A Movie Review

by Karla A. Arredondo, School of Allied Health Sciences, Class of 2015



Filmmaker Arthur Dong decides to interview convicted murderers of gay men, face-to-face, to ask, “Why did you do it?” Hate crimes against LGBT individuals target those perceived to violate homonormative rules and break established gender and sexual roles. *Licensed to Kill* explores the “laws” of men who take it upon themselves to rid the world of what they’ve been trained to think of as a weak, disposable group: gay men.

Winner of two Sundance Film Festival awards, this documentary examines the social, political, and cultural environments of these men and their homophobia. The seven convicted murderers in the film have surprisingly varied profiles and hold very different reasons for attacking gay men. Some expose a child-

hood trauma or a personal identity struggle. Whatever their reason, they all find it justified. These men feel they have a license to kill others as a service to society and humanity. Dong exposes not simply a group of raging sociopaths but, more importantly, a society that carefully creates them.

Licensed to Kill portrays an America where homophobia is an ingrained part of life. Hate is taught at home, in church, by the media, and at school. Repressed individuals feel justified venting their frustrations as violence against gay men. What makes this documentary rich is the face-to-face interviews, videotaped confessions, evidence from police files, courtroom scenes, and graphic material. Hate crimes against gays become very visual and real, not just an easily ignored newspaper headline.

The devaluation and dehu-

manization of gay men is a theme throughout *Licensed to Kill*. This documentary invites the viewer to explore the history of violence against gays and to reflect on one’s own biases and stigmas. *Licensed to Kill* escalates into an explosive conclusion with powerful music and scenes. It is very shocking, even disturbing, to witness the responses Dong receives when he interviews the convicted murderers.

Not the easiest film to digest, the viewer is advised to watch with an open mind, an awareness of emotional responses to the film, and a reminder that one’s powerful deep-rooted biases produce strong reactions when they feel challenged. Whether religious, cultural, or personal experiences have shaped the way one thinks about or views homosexuality, it is time to search deep within and ask oneself if hate is ever justified.

In the News, Around the World

- [Almost One-Third of All Foreign Students in U.S. Are From China](#)
More than a quarter of a million Chinese students (287,260, to be exact) hold active U.S. student visas, which is more than the number of students from Europe, South America, Africa, Australia, and elsewhere in North America combined.
- [In South Africa, an AIDS Orphan Becomes a Scholar](#)
Growing up in South Africa, Andile Justic Mkonto dropped out of school at age 13 to care for his mother, who had AIDS. With support from the Ubuntu Education Fund, he refocused his life and is now an undergraduate at Hult International Business School, in London.
- [City Council to Aid Tourists With Signs in English](#)
In a bid to provide better directions for the millions of tourists who visit Copenhagen every year, the City Council has announced that it intends to erect 40 stands with 200 signs in English around the city.
- [QuickWire: edX and Facebook Team Up to Offer Free Education in Rwanda](#)
The nonprofit online-learning organization edX will work with Facebook and two other companies to provide free, localized education to students in Rwanda on “affordable” smart phones.
- [Mind The Gap \(Year\): A Break Before College Might Do Some Good](#)
Postponing the start of college for one year is becoming more common. More schools are encouraging students to take a gap year—and even helping pay for them.
- [A Science Student Talks Her Way Onto the Model UN Team](#)
As a ninth grader in her native Ethiopia, Yemi Melka had to choose between studying science and social science. Now, on a college campus in Minnesota, she has found a way to combine her interests in chemistry and international relations, including through Model UN.
- [Free Online University Receives Accreditation, in Time for Graduating Class of 7](#)
Just in time for its first graduates, the University of the People, a tuition-free four-year-old online institution built to reach underserved students around the world, announced it had received accreditation.
- [Mobilizing to Reduce Disparities in Health Care](#)
Studying abroad in Italy, Nick Goodwin became interested in disparities in the health-care system in the United States relative to other countries’. Back at Emory University, he created the Resource & Insurance Navigator Group, or RING, for students to connect underserved local families with social and medical resources, such as helping them apply for insurance under the Affordable Care Act.

March

03—Mother's Day; Georgia
04—Mardi Gras; Saint Martin
05—Ash Wednesday; Jamaica
08—Women's Day; Uzbekistan
17—Holi; Guyana
20—International Day of Happiness;
Bhutan
21—Human Rights Day; South Africa
24—Truth & Justice Day; Argentina
27—Culture Day; Marshall Islands
30—Land Day; West Bank
31—Micronesian Culture &
Traditions Day; Micronesia

April

02—Nature Day; Iran
04—Angolan Peace Day; Angola
05—Tomb Sweeping Day; Taiwan
06—Act of Self Determination Day;
Cocos Islands
13—Water Festival; Myanmar
15—Passover, Israel
18—Good Friday; International
20—Easter Sunday; International
23—Children's Day; Turkey
26—Union Day; Tanzania
28—Parent's Day; Moldova

May

04—Greenery Day; Japan
05—Anniversary of the Battle of
Puebla; Mexico
12—Gospel Day; Tuvalu
16—Prayer Day; Greenland
18—Revival & Unity Day;
Turkmenistan
19—Youth & Sports Day;
North Cyprus
24—Culture & Literary Day; Bulgaria
25—Africa Day; Zimbabwe
31—Dragon Boat Festival Holiday;
China

International Holidays and Celebrations

Language Lesson: Spring

Afrikaans	lente	Latin	ver
Albanian	pranvera	Latvian	pavasaris
Alsatian	friejjohr	Luxembourgish	féijoer
Aymara	lapaki	Malay	musim bunga
Cebuano	tingpamulak	Manx	arree
Cornish	gwaynten	Niuean	vaha tau tupu
Czech	jaro	Occitan	prima
Estonian	kevad	Polish	wiosna
Fijian	vulaitubutubu	Quechua	chiraw pacha
French	printemps	Russian	vesna
Friulian	vierte	Samoan	tau totego
German	frühling	Somali	gu'
Greenlandic	upernaaq	Spanish	primavera
Haitian Creole	prentan	Swahili	bamvua
Hungarian	tavaszi	Turkish	ilkbahar
Icelandic	vor	Vietnamese	mùa xuân
Indonesian	musim semi	Welsh	gwanwyn
Irish	earrach	Zulu	intwasahhlobo